

MOUNTAIN WEST HOME HEALTH AGENCY PROVIDER #: 467054 TYPE ACTION: RECERTIFICATION
255 SOUTH 100 EAST PHONE NUMBER: (435) 882-4163 TYPE FACILITY: HOSPITAL BASED P
TOOELE UT 84074 PARTICIPATION DATE: 01/03/1990 TYPE OWNERSHIP: PROPRIETARY
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY 04/1998	PRIOR 2 SURVEY 03/2001	PRIOR 1 SURVEY 03/2002	CURRENT SURVEY 12/09/2004	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
X					
	X				
		X C		02/11/2005	STD
		X C		02/11/2005	STD
					G0116-RIGHT TO BE ADVISED OF AVAILABILITY OF TOLL-FREE HHA HOTL
					G0121-COMPLIANCE WITH ACCEPTED PROFESSIONAL STANDARDS/PRINCIPLE
					G0215-HOME HEALTH AIDE RECEIVES AT LEAST 12 HOURS INSERVICE TRA
					G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	2	0	1	1
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	2	0	1	1

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY